## MS4 Annual Report Cover Page

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Cover Page 1 of 2

Indicate whether this MCC f	form is being submitted to o	certify endorsement or acce	eptance of:

## MS4 Municipal Compliance Certification(MCC) Form

SPDES ID

For each contact, select all that apply:	
O Principal Executive Officer/Chief Elected Official	
O Duly Authorized Representative	
O Local Stormwater Public Contact	
O Stormwater Management Program (SWMP) Coord	dinator
○ Report Preparer	
First Name	MI Last Name
Title	
Address	
City	State Zl S 152.63 1 63 165.

SPDES ID													

### Minimum Control Measure 1. Public Education and Outreach

- O Construction Sites
- O General Stormwater Management Information

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O Construction Site Operators Trained
O Direct Mailings
○ Kiosks or Other Displays
○ List-Serves
○ Mailing List

This report is being submitted for the reporting period ending March 9,
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.
SPDES ID
Name of MS4/Coalition
4. Evaluating Progress Toward Measurable Goals MCM 1
Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
C. How many times was this observation measured or evaluated in this reporting period?
e. How many times was this observation measured of evaluated in this reporting period.
(ex.: samples/participants/ever
<b>D.</b> Has your MS4 made progress toward this Measurable Goal during this reporting period?  O Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? O Yes O No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

<b>Minimum Control Measure</b>	<u>ation</u>		
<ol> <li>What opportunities were provided for pudevelopment, evaluation and improvement (SWMP) Plan during this reporting period</li> </ol>	nt of the Stor	mwater Management P	*
Cleanup Events		# Events	
Comments on SWMP Received		#Comments	
Community Hotlines	Phone #	(	]-
Community Meetings		# Attendees	
O Plantings		Sq. Ft.	
Storm Drain Markings		#Drains	
Stakeholder Meetings		# Attendees	
Volunteer Monitoring		# Events	

If	submitting	this	form	as p	art	of a	joint	report	on	behalf	of a	coalitio	ı leav	e SPE	DES	ID	blank

SPI	DES	ID			

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 2. URL(s) con't.: Please provide specific address(es) where notices can be accessed - not home page. URL URL URL URL URL URL

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID Name of MS4/Coalition

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

If No, is one planned?

Yes No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during

6. Were comments received during this reporting period?

Yes No

If Yes, attach comments, responses and changes made to

SWMP in response to comments to this report.

O Auto	Recyclers
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O Building Maintenance

 $\bigcirc$ 

Has the	appı	oxin	nate	ly v	vhat	pei	rcei	nt w	as	COI	mp	lete					rio	od?	Ye			8
Is the a Is this If Yes,	info	rma	tio	n av	vaila														O Ye	<b>S</b>	○ N	0

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SP	SPDES ID											

- 9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report?
- 10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law?
- 11. What percent of staff in relevant positions and departments has received IDDE training?

This report is being submitted for the reporting period ending March 9,	
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.	
SPDES ID	
Name of MS4/Coalition	
12. Evaluating Progress Toward Measurable Goals MCM 3	
Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Par III.C.1. Submit additional pages as needed.	rt
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period	l <b>.</b>
B. Briefly summarize the observations that indicated the overall effectiveness of this Measura Goal.	able
C. How many times was this observation measured or evaluated in this reporting period?	
ev ====, -=====, -=======================	$\Box$
	<u> </u>
(ex.: samples/partice)  D. Has your MS4 made progress toward this measurable goal during this reporting period?	ipants/
	No No
	/ <b>110</b>
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	N. N.T
	No No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during	g
the next reporting cycle (including an implementation schedule).	

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition Minimum Control Measures 4 and 5. **Construction Site and Post-Construction Control** The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for **Stormwater Discharges from Construction Activities?** ○ Yes  $\bigcirc$  No 1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap **Analysis Workbook?** ○ Yes ○ No  $\circ$  NT If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  $\bigcirc$  09/2004  $\bigcirc$  03/2006  $\circ$  NT 2. Does your MS4/Coalition have a SWPPP review procedure in place? O Yes  $\bigcirc$  No 3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? O Yes  $\bigcirc$  No  $\circ$  NT If Yes, how many public comments were received during this reporting period? 5. Does your MS4/Coalition provide education and training for contractors about the local **SWPPP** process? ○ Yes ○ No

6.	Identify which of the following types of enforcement actions you used during the reporting
	period for construction activities, indicate the number of actions, or note those for which you
	do not have authority:

O Notices of Violation	#	O No Authority
O Stop Work Orders	#	O No Authority
O Criminal Actions	#	O No Authority
○ Termination of Contracts	#	O No Authority
O Administrative Fines	#	O No Authority
O Civil Penalties	#	O No Authority
O Administrative Orders	#	O No Authority
O Enforcement Actions or Sanctions	#	
Other	#	O No Authority

# **Minimum Control Measure 4. Construction Site Stormwater Runoff Control**

1.	How many construction projects have been authorized for disturbances of one acre during this reporting period?	or n	nor	·e
2.	How many construction projects disturbing at least one acre were active in your jurduring this reporting period?	isdi	cti	on

3.

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 6. con't.: Submit additional pages as needed. ○ MS4/Coalition Office Department Address City Zip Phone O Library Address City Zip Phone Other Address City Zip Phone ○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page. URL URL

SP	SPDES ID											

7.

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

			SPDES ID	
Name of MS4/Coalition				
Minimum Control Mea	sure 5. Post	-Constructio	on Stormwater N	<u> Ianagement</u>
The information in this section is bein	g reported (chea	ck one):		
<ul> <li>○ On behalf of an individual MS4</li> <li>○ On behalf of a coalition</li> <li>How many MS4s control</li> </ul>	ributed to this	report?		
	# Inventoried	# Inspections	# Times Maintained	
O Alternative Practices				
○ Filter Systems				
O Infiltration Basins				
Open Channels				
○ Ponds				
○ Wetlands				
Other				
2. Do you use an electronic tool BMPs, inspections and mainta		abase, spreadsl	heet) to track post-	construction O Yes



This report is being submitted for the reporting period	ending March 9,							
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.								
	SPDES ID							
Name of MS4/Coalition								
6. Evaluating Progress Toward Measurable Goals MCM 5  Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part								
<ul><li>III.C.1. Submit additional pages as needed.</li><li>A. Briefly summarize the Measurable Goal identified in the SW</li></ul>	VMPP in this reporting period.							

B.

If submitting this form as	part of a joint r	report on behalf of a	a coalition leave	SPDES ID blank.

<b>Minimum Control Measure 6. Storm</b>	water Management for N	<b>Municipal Operations</b>
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This report is being submitted for the reporting period ending March 9,

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition 2. Provide the following information about municipal operations good housekeeping programs: # Acres O Parking Lots Swept (Number of acres X Number of times swept) # Miles O Streets Swept (Number of miles X Number of times swept) # O Catch Basins Inspected and Cleaned Where Necessary O Post Construction Control Stormwater Management Practices # Inspected and Cleaned Where Necessary # Lbs. O Phosphorus Applied In Chemical Fertilizer # Lbs. O Nitrogen Applied In Chemical Fertilizer O Pesticide/Herbicide Applied # Acres (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) 3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 4. What was the date of the last training? 5. How many municipal employees have been trained in this reporting period? 6. What percent of municipal employees in relevant positions and departments receive stormwater management training? %

This report is being submitted for the reporting period ending March 9,
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.
SPDES ID
Name of MS4/Coalition
7. Evaluating Progress Toward Measurable Goals MCM 6
Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
C. How many times was this observation measured or evaluated in this reporting period?
(ex.: samples/participants/event
D. Has your MS4 made progress toward this measurable goal during this reporting period?
$\bigcirc$ Yes $\bigcirc$ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
○ Yes ○ No  F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPDES ID									
Name of MS4/Coalition										

### **Additional Watershed Improvement Strategy Best Management Practices**

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contribut.03 Tf

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MS4 Description	Answer	(POC)
NYC EOH Watershed	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	Phosphorus
Onondaga Lake Watershed	-	-
Traditional Land Use	1,6,7a-d,8a,9	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	Phosphorus
Greenwood Lake Watershed	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	Phosphorus
Oyster Bay	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	Pathogens
Non-Traditional	1,4,7a-d,9	Pathogens
Peconic Estuary	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	Phosphorus
LI 27 Embayments	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	Pathogens

If No, estimate what percentage of the conveyance system has been mapped so far.

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. Name of MS4/Coalition 3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? ○ Yes  $\bigcirc$  No  $\bigcirc$  N/A 4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period? % 5. Has your MS4/Coalition developed a program that provides protection equivalent to the **NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities** (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? ○ Yes  $\bigcirc$  No  $\bigcirc$  N/A 6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal  $\bigcirc$  Yes  $\bigcirc$  No  $\bigcirc$  N/A **Standards?** 7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? O Yes  $\bigcirc$  N/A  $\bigcirc$  No 7b. How many projects have been sited in this reporting period? 7c. What percent of the projects included in 7b have been completed in this reporting period? % 7d. What percent of projects planned in previous years have been completed? O No Projects Planned 8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? ○ Yes  $\bigcirc$  No  $\bigcirc$  N/A 8b.Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands?  $\bigcirc$  Yes  $\bigcirc$  No  $\bigcirc$  N/A

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.